51		· · · · · · · · · · · · · · · · · · ·		
	ICATE OF OR	GANIZAT	ION FILED EFFE	CTIVE
LIMIT	ED LIABILITY	' COMPAI	VY 09 NAY -5 AM 9	_
(Instructions on back		application)		
1. The name of the limited liability compared			SECRETARY OF STATE OF IDA	
T. The name of the		evelopment, LLC		
2. The complete stro		· · · · ·	ial designated/principal of	
2. The complete str	-	, Ste. 250, Boise,	• • •	11CE.
(Street Address)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(Mailing Address, if diffe	rent than street address)			
3. The name and co	mplete street address	s of the registe	red agent:	· · ·
Mark J.	Divers	404 0 8% 0		
(Name)		404 S. otn Si Street Address)	treet, Ste. 250, Boise, ID 83702	2
		·		, and the second s
	ldress of at least one	member or ma	nager of the limited liabilit	У
company:	lame		Address	
· -	J. Rivers	404 S. 8th S	treet, Ste. 250, Boise, ID 83702	2
	······································			
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		<i>.</i>		
5. Mailing address h	or future corresponde	nce (annual rej , Ste. 250, Boise,	,	
		., 010. 200, 00100,		
6. Future effective date of filing (optional):				
	• • • •			
Signature of organize	r(s). (An organizer is a me	ember, or is	· · · · · ·	2 2
acting in behalf of a mem	ber or members).		Secretary of State use only	,
Signature M	Mr.	OWL		
Typed Name:	Mark J. Rivers		- · · ·	
<u> </u>		maska 208	TBALLA DERAFE	N 05
Signature		MLC 6	05/05/200 CK: 1294 CT. 2007	9 05 : 00
		12%	1 0 100.00 = 100.0	1 BH1 1169037 8 ORGAN LLC #
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